

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4.

Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery
(Extra charge) *(Extra charge)*

<p>3. Article Addressed to:</p> <p>TOM MILLER CARGILL SALT 15100 W ROWLEY RD PO BOX 648 GRANTSVILLE UT 84029_0648</p>	<p>4. Article Number</p> <p>P 074 976 622</p> <p>Type of Service:</p> <table> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Insured</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified</td> <td><input type="checkbox"/> COD</td> </tr> <tr> <td><input type="checkbox"/> Express Mail</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> </table> <p>Always obtain signature of addressee or agent and <u>DATE DELIVERED.</u></p>	<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Registered	<input type="checkbox"/> Insured						
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD						
<input type="checkbox"/> Express Mail	<input type="checkbox"/> Return Receipt for Merchandise						
<p>5. Signature — Address</p> <p>X</p> <p>6. Signature — Agent</p> <p>X <i>Nancy J. Brang</i></p> <p>7. Date of Delivery</p> <p><i>1/23/98</i></p>	<p>8. Addressee's Address <i>(ONLY if requested and fee paid)</i></p>						

[illegible]

**Print your name, address and ZIP Code
in the space below.**

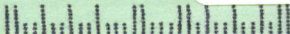
- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.



**PENALTY FOR PRIVATE
USE, \$300**

Print Sender's name, address, and ZIP Code in the space below.

Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801



P 074 976 622

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

NOT FOR INTERNATIONAL MAIL

(See Reverse)

JB

DOGM

M/045/030

1/16/98

Sent to	TOM MILLER CARGILL SALT	
Street and No.	15100 W ROWLEY RD PO BOX 648	
P.O., State and ZIP Code	GRANTSVILLE UT 84029	
Postage	\$	
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$	
Postmark or Date	JAN 20 1998 USPS - 84199	